PCS TRAVEL CLAIM CHECKLIST

NAME	UNIT	MBR WORK EXT	BOX
PROVIDE YOUR E-MA	AIL ADDRESS TO RECEIVE A C	OPY OF YOUR SETTLED VOUCHER	
Advances or pa Appropriate be Annotate on th Submit ORIGINA Submit all rec	ox in Block 18 of the DD 1 ne DD 1351-2 if two POVs w AL 1351-2 and one copy of ceipts for travel or reimb	annotated in Block 9 of the D 351-2 is marked if member trav	reled by POV.
	leted MCB 7200/16 (TLE Wor	ksheet). See enclosure (9).	
If Block 14 o Dependent tra Submit a 2 nd i	ks 12, 13, and 14 of the D f the DD 1351-2 is marked vel must be authorized in	"NO", explain why. the member's orders. vel is different from the memb	ers.
address. For payment o and new physi Complete Bloc explain why.	of DLA own-right, submit a cal address.	have dependents old and new p DLA own-right certification. f Block 14 of the DD 1351-2 is an active duty spouse.	Provide old
	s with TAD appropriation d ing and detaching endorse		
itinerarySubmit a copy all orders ar	1-2 is filled out with "Su y of the original DD 1351- nd endorsements.	pplemental" and reason writter 2, computation sheets, and one annotated in Block 9 on the I	e (1) copy of
account. At	the DD $1351-2$ the amount ϵ a minimum, the Finance Off	elected to be paid the governmentice will pay the amounts for abors identified as GTCC holde	transportation,
		GO TO A DIFFERRENT ACCOUNT OTH LETE AN ELECTRONIC FUNDS TRANS	
	ive unit must review all Finance Branch.	PCS claims before being submit	ted to the
	Section certification and	date	